

Missouri Department of Conservation Application for Field & Retriever Trial Permit

COMPLETE THIS BOX. PLEAS	F PRINT	OFFICE USE ONLY
NAME		
TOWNE		
BUSINESS NAME		COUNTY
ADDRESS		HOME TELEPHONE
CITY	STATE ZIF	P WORK TELEPHONE
FIELD & RETRIEV	VER TRIAL (650)	
Pheasant Leg B	ands (651) (Please i	indicate number wanted at \$10 per 100) Number wanted Fee \$
		e number wanted at \$10 per 100) Number wanted Fee \$
-		TOTAL ENCLOSED \$
PART I. Complete the follow	ving. PLEASE PRINT,	
What type of wildlife de	o you intend to pursue	e?
• •		Approximate number of dogs:
Date of trial: From	/Datas	s not to exceed 10 consecutive days.)
Λ4.	(Dates	s not to exceed 10 consecutive days.)
At:	(Location c	of Trial and area over which Trial will run.)
County or counties:	<u> </u>	
PART II. Read thoroughly.		
•		the department by a resident, and postmarked not less than ten (10)
		any public or private land for this trial. It is the responsibility of the pe
		ency or landowner at the location where the trial is to be held. ning the operation of the field trials may result in permit denial.
-		, mink, muskrat, river otter and beaver. Field trials should NOT score p
for dogs who are do		•
ISSUANCE OF F	UTURE PERMITS SH	ALL BE CONDITIONED ON COMPLIANCE WITH THESE RULES.
		nd read this application and agree that my signature below constitutes
acceptance of all rules perta	aining to Field and Retr	riever Trial Permits.
Applicant's Signature		Date
Approved	Disapproved	
• •		
Вү		This is Not a Permit and Does Not Entitle Applicant to Operat
Country		DO NOT SEND CASH
County		Remit Check, Bank Draft or Money Order To:
DO NOT WRITE IN		Missouri Department of Conservation P.O. Box 180
(For conservation age		Infforcen City MO 65102-0190

FORM 36 6/2002